

GRANTEE: **Eastern Band of Cherokee Indians**
PROGRAM TITLE: *The Eastern Band of Cherokee Indians
 Nurse-Family Partnership*

PROGRAM PERIOD: Cohort 2 (July 1, 2011 to June 30, 2016)

KEY GRANTEE PROGRAM STAFF

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GOAL OF THE PROGRAM

The Eastern Band of Cherokee Indians (EBCI) Home Visiting Program's goals are to promote healthy children with age-appropriate development, who are loved, safe, secure and ready to learn, healthy, self-sufficient families, a community that supports the sustainable health and self-sufficiency of young Cherokee families, and an increased capacity of the health and wellness interventions in the community.

COMMUNITY CONTEXT FOR THE PROGRAM

State:	North Carolina
Rural or Urban/Reservation or Non-Reservation:	Rural reservation
Description of Service Area:	The service area includes Cherokee, Graham, Haywood, Jackson, and Swain counties. The jurisdictional boundaries of the Eastern Band of Cherokee Indians encompass more than 56,000 acres of mountainous land in the 5 westernmost counties of North Carolina. The largest contiguous parcel of Eastern Band of Cherokee Indians trust land is the Qualla Boundary, which straddles the Jackson and Swain County borders and includes the town of Cherokee. The Qualla Boundary contains approximately 45,550 acres with almost 30,000 acres located in Swain County. Smaller tracts are located in Cherokee, Graham, and Haywood counties. The overall topography consists of mountainous terrain around one primary small river valley.
Births Per Year:	189 (In 2011)
Children Ages Birth to 5 Years in Target Community:	Information not available.

COMMUNITY CONTEXT FOR THE PROGRAM (continued)

Unique Characteristics of Target Community:	The tribal population distribution is reflective of the geographical distribution of tribal lands. According to the Eastern Band of Cherokee Indians Enrollment Office, as of December 2011, the Eastern Band of Cherokee Indians had over 14,500 members and enrollment had increased 38 percent since 1995. More than half of Eastern Band of Cherokee members live on tribal lands.
Key Community Partners:	<ul style="list-style-type: none"> • Tribal Child Care • WIC Program • Region A Partnership for Children • A-na-le-ni-sgi • Doula Project • County DSS • The Cherokee One Feather • Prevention Research Center, UC- Denver • County Public Health Departments • Cherokee Children's Coalition • Buncombe County NFP • NFP National Service Office • Cherokee Central Schools • Community Health • Safe Baby Court Team • Domestic Violence Program • Healthy Cherokee • NC Home Visiting Program • Cherokee Indian Hospital
Primary Risk Factors in Target Community:	<p>The primary risk factors for the target community include:</p> <ul style="list-style-type: none"> • substance abuse • obesity • diabetes • child developmental delay • low graduation rates and high dropout rates • violence • child abuse and neglect • sexual abuse • poverty • historical trauma

PROGRAM DELIVERY CONTEXT

Organization Type Administering the Program:	The Eastern Band of Cherokee Indians is a federally recognized tribe.
Implementing Agency:	The Eastern Band of Cherokee Indians tribe
Target Population:	The Eastern Band of Cherokee Indians Nurse-Family Partnership Programs target population includes Native American/Alaskan Native mothers and/or mothers that may be carrying an enrolled child.
Target and Actual Numbers Served:	Target number to be served is 50 mothers. As of May of 2014, 50 families were enrolled.

HOME VISITING MODEL SELECTED

The Eastern Band of Cherokee Indians Home Visiting Program chose the Nurse Family Partnership (NFP) model.



KEY MODEL ADAPTATIONS OR ENHANCEMENTS

The main adaptation to the NFP model will be to NFP's Element 2, for clients who are first-time mothers. The adaptation requested by the EBCI is that of serving multiparous mothers. The rationale for serving multiparous mothers is rooted in a cultural concept of inclusiveness. The desire to care for all women and children is intrinsic to Cherokee culture.

NFP believes deeply that the program has to resonate with the families' values. In addition, serving multiparous mothers would help to fulfill identified needs of the EBCI. Cherokee women begin having children at a young age and there has been a downward trend in the past 5 years in the ages of mothers at subsequent births. Because of young maternal age at first and subsequent pregnancies, the NFP intervention may be helpful in multiparous mothers when implemented for the first time or through repetition.

DESCRIPTION OF EARLY CHILDHOOD SYSTEM

Existing home visiting services are available to EBCI members either through existing programs managed by the tribe, through county public health departments, or through county family resource centers. The dominant existing program where home visiting is the primary service delivery method is the Parents As Teachers program (PAT). The counties' public health departments' offer care management services for pregnant women and young children who are Medicaid recipients. These services may include home visits but they are not the primary mode of delivery.

There is no centralized intake procedure for screening, identifying, and referring families and children to home visiting programs in the communities. Most referrals come from the Cherokee Indian Hospital Authority, the Special Supplemental Nutrition Program for Women, Infants, and Children, or schools. There is a consciousness in the community that when a pregnant woman is identified, either by showing up at a program or through the school, it is necessary to link that woman with available services.

EVALUATION APPROACH

Evaluation Question

Does the NFP model as implemented by the EBCI lead to similar or different maternal and child health and well-being outcomes for primiparous versus multiparous women?

Evaluation Design

The EBCI home visiting program team is in the process of developing an evaluation design.

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